

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 097529269	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/				51		
2		/		/			52		
3		/		/			53		
4		/		/			54		
5	/		/				55		
6		/		/			56		
7		/		/			57		
8		/		/			58		
9	/		/				59		
10	/		/				60		
11	/		/				61		
12	/		/				62		
13	/		/				63		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4		7				TOTAL IND.		
TOTAL DEP.	8		8				TOTAL DEP.		
TOTAL CLAIMS	15		15				TOTAL CLAIMS		